

**MERIT PROMOTION  
VACANCY ANNOUNCEMENT**

ABERDEEN AREA INDIAN HEALTH SERVICE  
DIVISION OF PERSONNEL MANAGEMENT  
FEDERAL BUILDING, RM. 309, 115-4TH AVENUE S.E.  
ABERDEEN, SOUTH DAKOTA 57401

**ABERDEEN AREA IHS IS A SMOKE FREE ENVIRONMENT**  
September 14, 2006

**POSITION: Motor Vehicle Operator  
(SI9802)**

**LOCATION: PHS Indian Hospital  
Housekeeping Services  
Sisseton, South Dakota**

**SALARY: WG-5703-5, \$13.17 PER HOUR**

**VACANCY NUMBER: NP-06-0200-SI-MPP**

**OPENING DATE: September 19, 2006**

**CLOSING DATE: October 10, 2006**

Applications and related documents must be received at the above address by **5:00 p.m.** on the closing date of this announcement. For information contact **DORIS BYINGTON** at **(605) 226-7399**. All applications are subject to retention; no requests for copies will be honored. Applications can be faxed to 605/226-7668, **(NOT RESPONSIBLE FOR UNSUCCESSFUL TRANSMISSIONS)**. Applications by e-mail will be accepted. It is the responsibility of the applicant to submit a complete application.

**E-MAIL TO: [doris.byington@ihs.gov](mailto:doris.byington@ihs.gov)**

**APPOINTMENT:**

☒ **Permanent**  
☐ **Not-To-Exceed The**  
applicant selected for this  
position may be appointed  
to either a one year appoint-  
ment or an appointment in  
excess of one year, depending  
on the status of the applicant.

**WORK SCHEDULE:**

☒ **Full-Time**  
☐ **Part-Time**  
☐ **Intermittent**  
☐ **May include**  
weekends and/or  
evenings

**AREA OF CONSIDERATION:**

☒ **IHS-Wide**  
☐ **DHHS-Wide**

**MOVING:** Travel may be paid provided all legal and regulatory requirements and travel regulations are met.

**CONDITIONS OF EMPLOYMENT:**

ON-CALL ☐ YES ☒ NO \*call-back duty is defined as irregular or occasional work performed by an employee on a day when the work was not scheduled for the employee. This will require the employee to return to his/her place of employment within the specified timeframes.

**\*\* All applicants are required to complete the attached "Addendum to Declaration for Federal Employment Indian Health Service Child Care & Indian Child Care Worker Positions" and "Declaration for Federal Employment (OF-306)" forms to determine eligibility for federal employment. Your application may not be considered for this designated childcare worker position if you do not complete and submit this form or if you answer, "Yes" to either of the two questions.**

**\*\*\*ALL APPLICANTS TENTATIVELY SELECTED FOR THIS POSITION WILL BE REQUIRED TO SUBMIT TO URINALYSIS PRIOR TO APPOINTMENT TO SCREEN FOR ILLEGAL DRUG USE\*\*\***

- **Must provide AVERAGE HOURS WORKED PER WEEK on application.**
- **Applicants applying for the position may be required to be immunized, for measles and rubella, if he or she provides services or has contact with patients at the service units. Persons born before 1957 are not required to take the measles vaccine or provide proof of immunity. Special consideration may be allowed to individuals who are allergic to a component of a vaccine or have a history of severe reaction to a vaccine or who are currently pregnant.**

**GRADE POTENTIAL: ☒ NO ☐ YES to grade(s) GS-**

**SUPERVISORY/MANAGERIAL: ☒ NO ☐ YES**

\*may require one year probation

PREFERENCE IN FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25, U.S.C. CODE, SECTION 472 AND 473). THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER. THE INDIAN HEALTH SERVICE HAS A ZERO TOLERANCE SEXUAL HARASSMENT POLICY, IHS CIRCULAR NO. 95-11, IN PLACE WHICH IT DISSEMINATES TO ITS EMPLOYEES.

**WHO MAY APPLY FOR PERMANENT POSITIONS:** (1) Federal employees occupying a permanent position who have competitive civil service status or those who acquired comparable status as a result of serving in an IHS excepted service position on an Excepted appointment; (2) Indian Preference eligibles occupying a temporary position or unemployed; (3) Other sources, e.g., positions covered by severely handicapped; Reinstatement eligibles, etc; (4) Current permanent employees with Indian Preference may also apply under the provisions of the Indian Health Service Excepted Service Examining Plan.

Applicants must indicate on their application whether they are applying under the Merit Promotion Plan, Excepted Service Examining Plan, or

both. Current IHS employees and those applicants eligible for reinstatement or transfer who do not indicate which procedures they are applying under will be considered under merit promotion only.

"Veterans who are preference eligibles or who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply."

**DUTIES AND RESPONSIBILITIES:** This position is located at the Sisseton Service Unit of the Indian Hospital within the Aberdeen Area of Indian Health Service. The dual purpose of this position is to operate motor vehicles in conducting hospital business and to perform a full range of housekeeping cleaning tasks. Performs the following motor vehicle operation duties on a frequent and recurring basis approximately 40% of the time: Operates such vehicles as automobiles, station wagons, passenger vans, pickups, trucks and carryalls to transport patients, personnel and/or supplies to and from designated locations. Incumbent is responsible for the comfort of the passengers and the safe conduct of the passengers or cargo to the destination. Incumbent must follow all safety rules, regulations and traffic signs, driving carefully and avoiding rough terrain and hazardous roads and grounds to prevent discomfort or injury to passengers and damage to cargo and vehicle. Performs such preventive maintenance services as required for vehicles and ensures cleanliness of interior of vehicles. Checks vehicles for damage or pilferage; instrument panel for correct operation of all instruments; leaks such as fuel oil and water; and the presence of safety devices and tools. Refuels and oils vehicles when necessary and changes or assists in changing of tires. Perform minor repairs when breakdowns occur where repair service is not available. Examines vehicle and equipment by visual means prior to and after use, and during operation to determine malfunctions. Reports all malfunctions to supervisors. Completes accident report forms, mileage forms, credit card invoices and emergency roadside repair forms. Transports patient meals when needed. Performing the following housekeeping duties on a frequent and recurring basis approximately 60% of the time: Cleans offices, storerooms, corridors, stairways, closets, examining rooms, patient wards and all hospital and clinic areas. Sweeps wet/dry mops, scrubs, waxes restroom floors. Cleans, disinfects and deodorizes lavatories, urinals and toilet bowls. Cleans mirrors, sinks and water fountains. Replaces deodorizes, toilet tissue, hand towels, and soap. Notes conditions of hospital rooms, clinic rooms, and restrooms to report to supervisor any broken windows, water leaks, clogged drains and other conditions requiring maintenance work. Dusts, waxes and polishes furniture. Empties wastebaskets. Polishes door knobs and other metal fixtures. Uses various preparations to clean and maintain linoleum, wood, marble and various kinds of floors, wall and ceiling surfaces. Removes stains from a variety of surfaces, using chemicals and cleaning solutions.

**QUALIFICATION REQUIREMENTS:** Candidate must meet qualification standards as specified in **Qualification guide for trade and labor jobs, X-118C:**

**FAILURE TO SUBMIT THE SUPPLEMENTAL QUESTIONNAIRE WILL RESULT IN NOT BEING CONSIDERED FOR THE POSITION.**

**Element A:** Ability to do the work of the position without more than normal supervision.

**Element B:** Operation of motor vehicles.

**Element C:** Work practices.

**Element D:** Ability to interpret instructions, specifications, etc.

**Element E:** Ability to use and maintain tools and equipment.

**Element F:** Dexterity and safety and ability to drive safely.

**Element G:** Reliability and dependability as a motor vehicle operator.

**EXCEPTED SERVICE QUALIFICATION REQUIREMENTS:** Same as above.

Your description of work experience, level of responsibility, and accomplishments will be used to determine that you meet these requirements. Applicants who meet the basic qualification requirements and selective factors described in this announcement will be further evaluated by determining the extent to which their work or related experience, education, training, awards, outside activities, and performance appraisal, etc., indicate they possess the knowledge, skills, and abilities described below. All applicants should provide clear, concise examples that show level of accomplishment or degree to which they possess the KSA's either on their application/resume or as a separate attachment. The information provided will be used to determine the "best qualified" candidates.

**LEGAL AND REGULATORY REQUIREMENTS:** Candidates must meet time-after competitive appointment, time-in-grade, and qualification requirements by the closing date of the vacancy announcement, if applicable.

**HOW TO APPLY:** Applicants must submit their applications to the Aberdeen Area Indian Health Service, Division of Personnel Management, Federal Building, RM. 309, 115-4th Avenue, S.E., Aberdeen, South Dakota 57401. **ALL APPLICATIONS MUST INCLUDE ALL THE APPLICABLE DOCUMENTS:**

All applicants **MUST** submit the OF-306 Form (Declaration for Federal Employment).

1. Applicants may submit ONE of the following: a) OF-612, Optional Application for Federal Employment; b) Resume; or c) any other written application format.
2. Current Performance Rating, if available.
3. Applicants claiming Indian Preference **MUST** submit along with their application, FORM BIA-4432, Verification of Indian Preference. **BIA FORM-4432 IS THE ONLY FORM OUR OFFICE WILL ACCEPT.** Current IHS employees of Aberdeen and Bemidji Areas need only indicate on their application that verification is on file in their Official Personnel Folder (OPF).
4. If you wish to substitute appropriate education for experience, you **MUST** submit your transcripts along with your application. If your education is appropriate for the position being filled then your education may be substituted for experience.
5. For current or former Federal employees, a copy of your latest Notification of Personnel Action (SF-50B).
6. **All applications for this position MUST include the attached "Addendum to Declaration for Federal Employment Indian Health Service Child Care & Indian Child Care Worker Positions" form (see attachment).**
7. **VETERAN'S PREFERENCE CERTIFICATION:** Form DD-214 indicating discharge and or Form SF-15, claiming 10 point preference. Veteran's Preference is not applicable to current permanent employees with the Department of Health and Human Services, Federal employees with competitive status or reinstatement eligibles unless you are eligible for Indian Preference and wish to be considered for

the Excepted Service. No preference will be allowed unless a copy of the DD-214 is attached to the application.

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**EMPLOYMENT OF PEOPLE WITH DISABILITIES:**

IHS provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify Alice LaFontaine, Selective Placement Officer, at (605) 226-7213. The decision on granting reasonable accommodation will be on a case-by-case basis.

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**APPLICATION INSTRUCTIONS FOR PUBLIC HEALTH SERVICE COMMISSIONED CORPS CANDIDATES:** Applicants should submit the following:

1. Copy of resume or curriculum vitae showing work experience, dates of employment, names and addresses of supervisors, include any education and other information reflecting individual qualifications for consideration.

Commissioned Corp Applicants claiming Indian Preference must submit BIA form 4432 and will be evaluated against existing applicable standards.

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**INFORMATION REQUIRED ON RESUMES AND OTHER APPLICATION FORMATS:** Resumes or other application formats must contain all of the information listed below in sufficient detail to enable the Personnel Office to make a determination that you have the required qualifications for the position. **Failure to include any of the information listed below may result in loss of consideration for this position. Additional information will not be solicited by this office.**

- a. Announcement Number, Title, and Grade of the job for which you are applying.
- b. Full name, mailing address (with zip code) and day/evening telephone numbers (with area codes).
- c. Social Security Number
- d. Country of citizenship
- e. Veteran's preference
- f. Highest Federal Civilian Grade held (give job series and dates held).
- g. High School - Name, City, State (with zip code), and date of diploma or GED.
- h. Colleges and Universities - Name, City, State (with zip code), majors, type and year of any degrees received (if no degree show total semester/quarter hours earned) (Attached transcripts).
- i. Work experience (paid/nonpaid)-Job title (include series and if Federal job), duties, responsibilities and accomplishments (*if you describe more than one type of work, i.e., carpentry and painting, or personnel and budget, write the approximate amount of time your spent doing each*), employer's name and address, supervisor's name and phone number, starting and ending dates (month/year), **AVERAGE HOURS WORKED PER WEEK**, and salary (beginning/ending).
- j. Indicate if we may contact your current and/or former supervisor.
- k. Job-related training courses, skills, certificates, registrations, and licenses (current only), honors, awards, and special accomplishments.

**DO NOT SUBMIT POSITION DESCRIPTIONS. All applications must be signed and dated. All material submitted for consideration under this announcement becomes the property of the Division of Personnel Management and is subject to verification. Careful consideration should be given to the information provided, fraudulent statements or any form of misrepresentation in the application process could result in loss of consideration for this position and or determination of unsuitability for Federal employment.** If position is **RE-ANNOUNCED**, please call the Division of Personnel Management as to status of application.

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**INFORMATION FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) FOR SURPLUS OR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION.**

If you are currently a DHHS employee who has received a Reduction in Force (RIF) separation notice or a Certificate of Expected Separation (CES) you may be entitled to special priority selection under the DHHS Career Transition Assistance Program (CTAP). To receive this priority consideration you must:

1. Be a current DHHS career or career-conditional (tenure group I or II) or be a current IHS excepted appointment (with no time limits) tenure group II excepted/competitive service employee who has received a RIF separation notice or a CES and, the date of the RIF separation has not passed and you are still on the rolls of the DHHS. You must submit a copy of the RIF separation notice or CES along with your application.
2. Be applying for a position that is at or below the grade level of the position from which you are being separated. The position must not have a greater promotion potential than the position from which you are being separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package.
4. Be currently employed by the DHHS in the same commuting area (or nationwide for IHS employees GS-09 and above) of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date & meet all the application criteria (e.g., submit all required documentation etc.)
6. Meet the basic qualifications for the position, any documented selective factor, physical requirements with any reasonable accommodation and is able to satisfactorily perform the duties of the position without undue interruption.

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**INFORMATION FOR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION UNDER THE INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP).**

If you are a displaced federal employee you may be entitled to receive special priority selection under the ICTAP. To receive this priority consideration you must:

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as a RIF separation notice, a letter from the Office of Personnel Management (OPM) or your agency documenting your priority consideration status with your application package. The following categories of candidates are considered displaced employees.
  - A. Current or former career or career-conditional (tenure group I or II) competitive service employees who:

1. Received a specific RIF separation notice; or
2. Separated because of a compensable injury, whose compensation has been terminated, and whose former agency certifies that it is unable to place; or
3. Retired with a disability and shows disability annuity has been or is being terminated; or
4. Upon receipt of a RIF separation notice retired on the effective date of the RIF and submits a Standard Form 50 that indicates Retirement in lieu of RIF; or
5. Retired under the discontinued service retirement option; or
6. Was separated because he/she declined a transfer of function or directed reassignment to another commuting area.

**OR**

B. Former Military Reserve or National Guard Technicians who are receiving a special OPM disability retirement annuity under section 8337 (h) or 8456 of Title 5 United States Code.

2. Be applying for a position at or below the grade level of the position from which you have been separated. The position must not have a greater promotion potential than the position from which you were separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date & meet all the application criteria (e.g., submit all required documentation, etc.)
6. Eligible applicants will be considered "well qualified" if their documented experience, knowledge, skill and abilities are comparable to or exceed that described at the acceptable level on the crediting plan for the position to be filled.

**THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER.**

**SUPPLEMENTAL EXPERIENCE STATEMENT**  
MOTOR VEHICLE OPERATOR, WG-5703-05

NAME: (Mr.)(Mrs.)(Miss) \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
(First, Middle, Maiden (if any), Last)

Column I	Column II	Column III
<b>ELEMENT C: <u>WORK PRACTICES.</u></b> Tell about your experience in maintaining equipment in good operating condition. Driver maintenance, cleaning, tires, battery, etc., and emergency repair when necessary.		
<b>ELEMENT D: <u>ABILITY TO FOLLOW INSTRUCTIONS</u> <u>PREPARE TRIP AND</u> <u>OTHER TRIP REPORTS.</u></b> List all clerical duties showing that you can fill out reports, trip tickets, etc. Explain how you follow oral and written instructions related to work required on a continuing basis.		

<p><b>ELEMENT E: <u>ABILITY TO USE AND MAINTAIN TOOLS AND EQUIPMENT.</u></b></p> <p>Explain which tools/equipment you have used. List the types of training you have had in operating these types of tools/equipment.</p>		
<p><b>ELEMENT F: <u>DEXERITY AND SAFETY AND ABILITY TO DRIVE SAFELY.</u></b></p> <p>(Considering trucks used in the kind of job for which you are applying). You must show that you have a satisfactory safe-driving record. CSC Form 665 may be used for this purpose.</p>		
<p><b>ELEMENT G: <u>RELIABILITY AND DEPENDABILITY AS A MOTOR VEHICLE OPERATOR.</u></b></p> <p>Explain why you feel that you are a steady, reliable worker. How is your attendance record where you worked? Are you able to meet time schedules? If you have not been able to hold any recent job for more than a few months at a time, explain why you left</p>		

After completing the application and this form, look them over carefully to make sure that both have been signed and that you have answered every question. Be sure that you have given complete information about your experience. You cannot be given credit for work you do not tell us about. Don't forget military service, hobbies, volunteer work, etc. All appropriate experience, education and training can be credited whether you were paid or not.

**STATEMENTS CONCERNING QUALIFICATIONS WILL BE VERIFIED BY THE OFFICE OF PERSONNEL MANAGEMENT. EXAGGERATION OR MISSTATEMENTS MAY BE CAUSE FOR YOUR DISQUALIFICATION OR LATER REMOVAL FROM THE SERVICE.**

### **CERTIFICATION**

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature of Applicant: \_\_\_\_\_ DATE: \_\_\_\_\_

**MOBILE INDUSTRIAL EQUIPMENT OPERATOR-WG 5/II**  
**COMPLETE AND SUBMIT THIS FORM WITH YOUR APPLICATION**

**A. GENERAL**

1. Name	2. Date of Birth (Mo., Day, Yr.)	3. Social Security Number
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**B. TRAFFIC VIOLATIONS**

Supply the information requested for each time you were given a ticket or arrested for breaking a driving law during the past 5 years. Do not include any record where you were found not guilty. Do not include parking tickets. If you have more than three (3) traffic violations in the past 5 years provide the requested information for each on an

1	1. Type of violation	2. Mo./Yr.	3. City, County, State		Yes	No
	4. Details of Action Taken (length of suspension)			5. While on job?		
				6. License revoked or suspended?		
				7. Fined or forfeited collateral?		
				8. Sentenced?		
2	1. Type of violation	2. Mo./Yr.	3. City, County, State		Yes	No
	4. Details of Action Taken (length of suspension)			5. While on job?		
				6. License revoked or suspended?		
				7. Fined or forfeited collateral?		
				8. Sentenced?		
3	1. Type of violation	2. Mo./Yr.	3. City, County, State		Yes	No
	4. Details of Action Taken (length of suspension)			5. While on job?		
				6. License revoked or suspended?		
				7. Fined or forfeited collateral?		
				8. Sentenced?		

**C. DRIVER'S LICENSE INFORMATION**

1. Driver's permit or License Number	4. Type of license (Operator, Chauffer, Classified) if other than Operator, List the weights and/or types of vehicles covered:	5. Restrictions listed in present license.	6. Other States where you obtained license during past 5 years. Indicate type of license obtained.
1. State in which issued?			
2. Date it expires (Mo., Yr.)			

**D. ACCIDENT RECORD**

Complete the information requested for each accident you have had during the past 5 years- whether your fault or not. If you have had more than two (2) accidents in the past 5 years provide the requested information for each on additional sheets.

1	1. Type of Accident (Head-on, collision, etc.)	2. Mo./Yr.	3. City, County, State		Yes
				9. While on job?	
				10. Were you judged at fault?	
	4. Amount of damage to your care. \$	5. Amount of damage to car? \$	6. Did your insurance company make payment to other party? ( ) Yes \$ ( ) No	11. Was anyone killed?	
				12. License revoked or suspended?	
	7. Described charges placed against you, if any?	8. Details of actions taken (sentence, length of sentence, fine, etc.)		13. Fined or forfeited collateral?	
				14. Sentenced?	
2	1. Type of Accident (Head-on, collision, etc.)	2. Mo./Yr.	3. City, County, State		Yes
				9. While on job?	
				10. Were you judged at fault?	
	4. Amount of damage to your care. \$	5. Amount of damage to car? \$	6. Did your insurance company make payment to other party? ( ) Yes \$ ( ) No	11. Was anyone killed?	
				12. License revoked or suspended?	
	7. Described charges placed against you, if any?	8. Details of actions taken (sentence, length of sentence, fine, etc.)		13. Fined or forfeited collateral?	
				14. Sentenced?	

**E. EVIDENCE OF SAFE DRIVING**

1. Have you ever received a safety award? ( ) YES ( ) NO	Date Received:	2. Have you ever received a citation for safe driving or for being a safe worker? ( ) YES ( ) NO	Date Received?
Give Details:		Give Details:	
3. Have you ever received a discount on your automobile insurance for a good driving record? ( ) YES ( ) NO	Date Received:	4. Did you ever successfully complete a course in Driver's Education? ( ) YES ( ) NO	Date Received?
Give Details:		Give Details:	



### AUTHORITY

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal employment application forms. Sections 1302-3301 and 3304 of Title 5 of the United States Code give the U.S. Civil Service Commission the authority to recruit, examine, and evaluate applicants qualifications for employment in the Federal Service. Use of the employment application forms is necessary for performing these functions.

### PURPOSES AND USES

The principal purpose of employment application forms is to collect information needed to determine qualifications, suitability, and availability of applicants for Federal employment and of current Federal employees for reassignment, reinstatement, transfer or promotion. Your completed application may be used to examine, rate, and/or assess your qualifications to determine if you entitled under certain laws and regulations such as Veterans Preference, and restrictions based on citizenship, member of family already employed, and residence requirements, and to contact you concerning availability and/or for an interview. All or part of your completed Federal employment application form may be disclosed outside the U.S. Civil Service Commission to:

1. Federal agencies upon request for a list of eligibles to consider for appointment, reassignment, reinstatement, transfer or promotion.
2. State and local government agencies, congressional offices, public international organizations, and other public offices, if you have indicated availability for such employment consideration.
3. Federal agency investigators to determine your suitability for Federal employment.
4. Federal, State, or local agencies *m* create other personnel records after you have been appointed.
5. Appropriate Federal, State, or local law enforcement agencies charged with the responsibility of Investigating a violation or potential violation of the law.
6. Appropriate Federal, State, or local agencies maintaining records on you to obtain information relevant to an agency decision about you.
7. A requesting Federal, State, or local agency to the extent the information is relevant to the requesting agency's decision.
8. Federal agency selecting officials involved with internal personnel management functions.
9. Your college or university placement offices if you are appointed to a career position in some occupations at certain grade levels.
10. Anyone requesting statistical information (without your personal identification) under the Freedom of Information Act.
11. A congressional office in response to an inquiry from the congressional office made at your request

### EFFECTS OF NONDISCLOSURE

Because the employment application forms request both optional (other skills, training, etc.) and mandatory (qualifications and biographical, etc.) data, it is in your best interest to answer all questions. Omission of an item means you might not receive full consideration for a position in which this information is needed.

### INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579, SECTION 7(b)

Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the United States Civil Service Commission is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the Civil Service Commission or agencies. The SSN also will be used by the Civil service Commission and other Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems and records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates and whose identities can only be distinguished by the SSN.

### ATTENTION - THIS STATEMENT MUST BE SIGNED

#### Read the following paragraph carefully before signing this Statement

A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (US, Code, Title 19, Sec. 1001). All statements are subject to investigation, including a Check of your fingerprints, police records, and former employers. All the Information you give will be considered in reviewing your Statement and is subject to investigation.

<p style="text-align: center;"><b>CERTIFICATION</b></p> <p>I CERTIFY that all of the statements made in this Statement are true, complete and correct to the best of my knowledge and belief, and are made in <u>good</u> faith.</p>	<p style="text-align: center;"><b>SIGNATURE</b> (<i>sign in ink</i>)</p>	<p style="text-align: center;"><b>DATE SIGNED</b></p>
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## Addendum to Declaration for Federal Employment (OF 306)

### Indian Health Service

### Child Care & Indian Child Care Worker Positions

#### Item 15a. Agency Specific Questions

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(Please print)

Job Title in Announcement: \_\_\_\_\_ Announcement Number: \_\_\_\_\_

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

- 1) Have you ever been arrested for or charged with a crime involving a child? YES \_\_\_\_\_ NO \_\_\_\_\_

*[If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]*

- 2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? YES \_\_\_\_\_ NO \_\_\_\_\_

*[If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]*

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature (sign in ink)

Date

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. **Please do not send completed data collection instruments to this address.**

# Declaration for Federal Employment

## *Instructions*

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

## **Privacy Act Statement**

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

## *Public Burden Statement*

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## GENERAL INFORMATION

1. Full Name (First, middle, last) •	2. Social Security Number •
3. Place of Birth (Include city and state or country) •	4. Date of Birth (MM/DD/YYYY) •
5. Other Names Ever Used (For example, maiden name, nickname, etc) • •	6. Phone Numbers (Include area codes) Day • Night •

### Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? ☐ YES ☐ NO If "NO" skip 7b and 7c. If "YES" go to 7b.  
7b. Have you registered with the Selective Service System? ☐ YES ☐ NO If "NO" go to 7c.  
7c. If "NO", describe your reason(s) in item #16.

## Military Service

8. Have you ever served in the United States military ☐ YES *Provide information below* ☐ NO

*If you answered "YES," list the branch, dates, and type of discharge for all active duty.*

*If your only active duty was training in the Reserves or National Guard, answer "NO."*

Branch	From	To	Type of Discharge
	MM/DD/YYYY	MM/DD/YYYY	

## Background Information

**For all questions, provide all additional requested information under item 16 or on attached sheets.** The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>	YES	NO
10. Have you been convicted by a military court-martial in the past 10 years? <i>(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>	YES	NO
11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>	YES	NO
12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i>	YES	NO
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i>	YES	NO

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## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.

YES	NO
YES	NO

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

## Certifications/Additional Questions

**APPLICANT: If you are applying for a position and have not yet been selected,** carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE: If you are being appointed,** carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: (Sign in ink)

Date

17b. Appointee's Signature: Date (Sign in ink)

Appointing Officer:  
Enter Date of Appointment or Conversion  
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO Don't Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not YES NO Don't Know

canceled.